

P Booker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <b>10/556531</b>	FILING DATE				
CLAIMS								APPLICANT(S)					
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
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48								98					
49								99					
50								100					
TOTAL IND.	/												
TOTAL DEP.	/												
TOTAL CLAIMS	2												

CLAIMS

AS FILED      AFTER 1<sup>ST</sup> AMENDMENT      AFTER 2<sup>ND</sup> AMENDMENT

IND.      DEP.      IND.      DEP.      IND.      DEP.      IND.      DEP.      IND.      DEP.      IND.      DEP.      IND.      DEP.

TOTAL IND.      TOTAL DEP.      TOTAL CLAIMS

10/556531

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